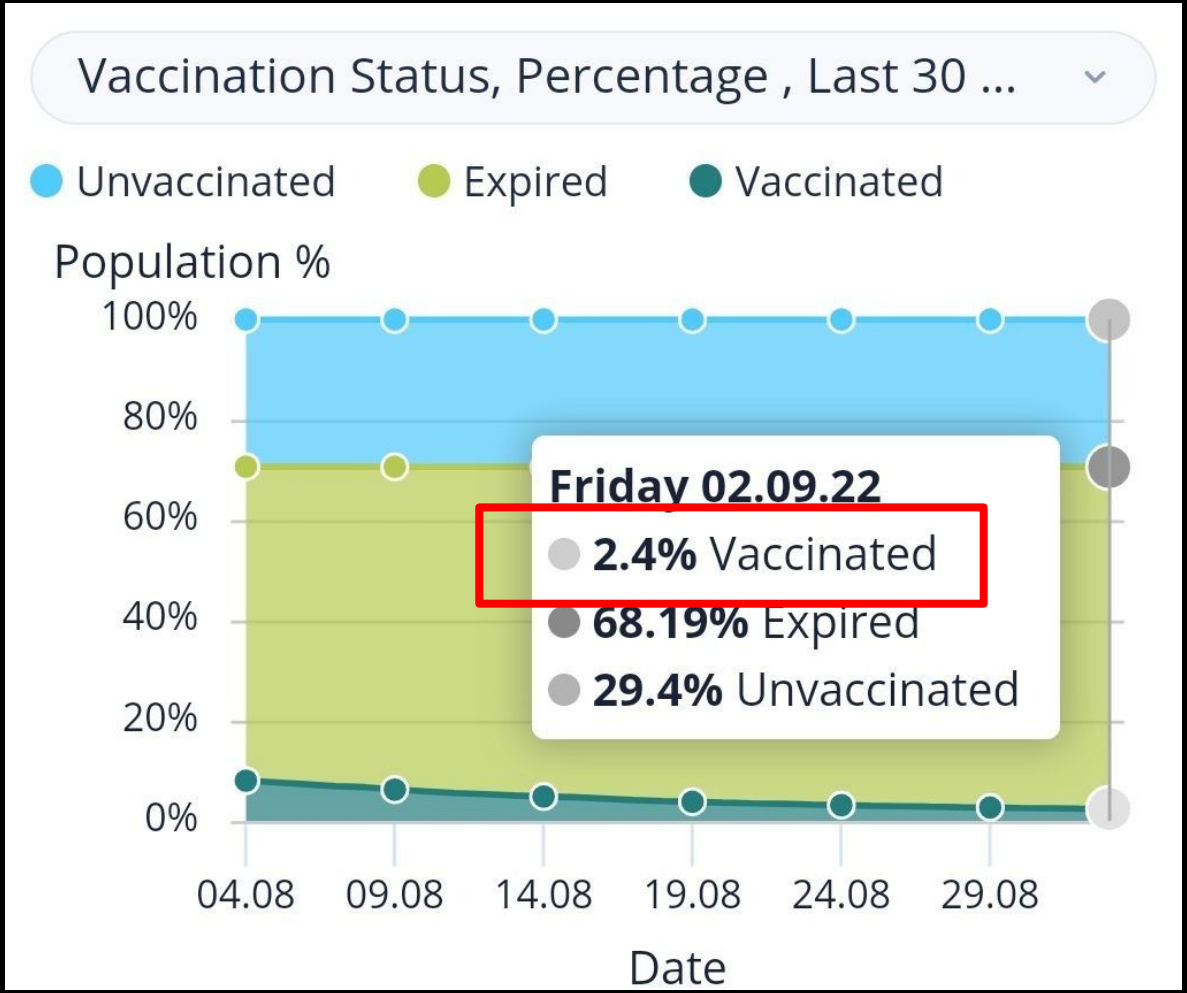
What the data tells us

Steve Kirsch
Founder
Vaccine Safety Research Foundation

October 15, 2022

Israel
(Sept 2, 2022)

This is stunning since people in Israel normally do whatever the government tells them.



UK cardiologist

Aseem Malhotra

Pro → Con

(Sept 25 2022)

Dr. Aseem Malhotra. (Courtesy of Dr. Aseem Malhotra)

PREMIUM VACCINES & SAFETY

Doctor Turns Against Messenger RNA COVID-19 Vaccines, Calls for Global Pause

By Zachary Stieber and Jan Jekielek | September 26, 2022 Updated: September 26, 202 Print

Why?

If you are open to questioning what you were told and look at the data yourself,

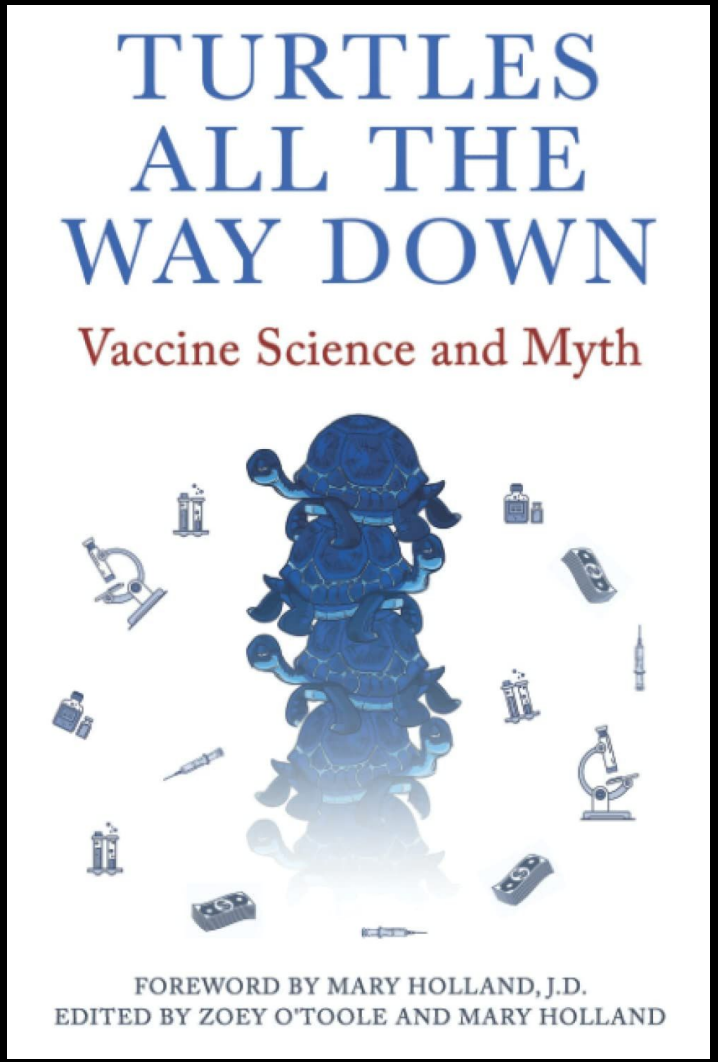
“unexplainable” → easily explained

Is the cure worse than the disease?

You don’t have to believe me…

Verify yourself

Or read this book



My injury rate estimates (per 250M vaccinated)

AE	#	Source
Injured	20M	7.7% had to seek medical attention (v-safe/ICAN).
Disabled	2M	FRED database
Life threatening injury	1M	Physician estimates (personal communication)
Killed	500K	VAERS, polls, surveys (1, 2)
Saved	<11K	Pfizer Phase 3 trial results

killed per person saved

Age	VAERS	UK ONS
20-30	6.1	16.9
30-40	3.9	4.8
40-50	2.8	4.8
50-60	2.4	3.4
60-70	2.3	2.9
70-80	1.9	1.6
80+	1.8	n/a

Killed > Saved for all ages

The VAERS numbers are calculated based on the assumption that the vaccine are perfect and prevent all COVID deaths.

I made the following claims on Fox News on Aug 10, 2022:

Hundreds of thousands killed

Millions vax injured

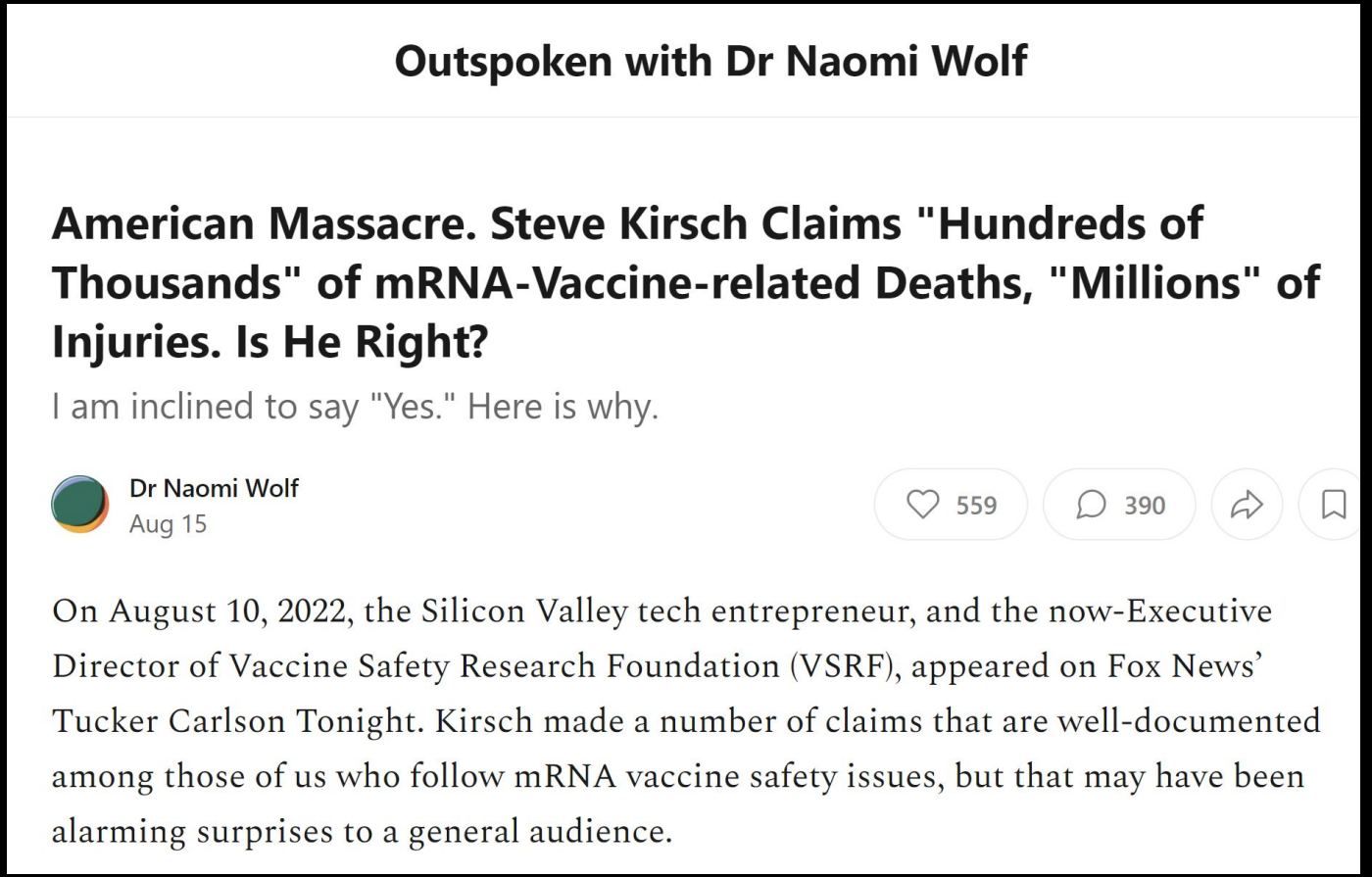
Most dangerous vax of all time

MMFA
FOX NEWS LIVE
DEMOCRAT MEGADONOR SAYS THE PARTY NO LONGER SHARES HIS VALUES OF FREE SPEECH & MEDICAL FREEDOM
TUCKER CARLSON TONIGHT
From the August 10, 2022, edition of Fox News' *Tucker Carlson Tonight*

Fox said that they couldn't verify my statements, and never asked for the data! I posted data supporting my statements. My key statements were later independently verified.

Dr. Naomi Wolf independently validated my claims using her own methods

(nobody else wanted to see the data)



Outspoken with Dr Naomi Wolf

American Massacre. Steve Kirsch Claims "Hundreds of Thousands" of mRNA-Vaccine-related Deaths, "Millions" of Injuries. Is He Right?

I am inclined to say "Yes." Here is why.

Dr Naomi Wolf
Aug 15

559 390

On August 10, 2022, the Silicon Valley tech entrepreneur, and the now-Executive Director of Vaccine Safety Research Foundation (VSRF), appeared on Fox News' Tucker Carlson Tonight. Kirsch made a number of claims that are well-documented among those of us who follow mRNA vaccine safety issues, but that may have been alarming surprises to a general audience.

The elephant in the room

The vaccines have killed more people than COVID

Q22
TYPE: SINGLE SELECTION

Did any members of your household die from the COVID vaccine?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	91.38%	403	93.71%	408.26
A2	Yes	8.62%	38	6.29%	27.39

Q24
TYPE: SINGLE SELECTION

Did any of your household members die from having a COVID infection?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	90.86%	179	93.53%	180.52
A2	Yes	9.14%	18	6.47%	12.5

COMPLETES 197

[501 people survey]
Jul 2, 2022

373 vaccinated.

38 killed/500=7.6% of households → 7M people

→ 2.8% death rate of 250M vaxxed

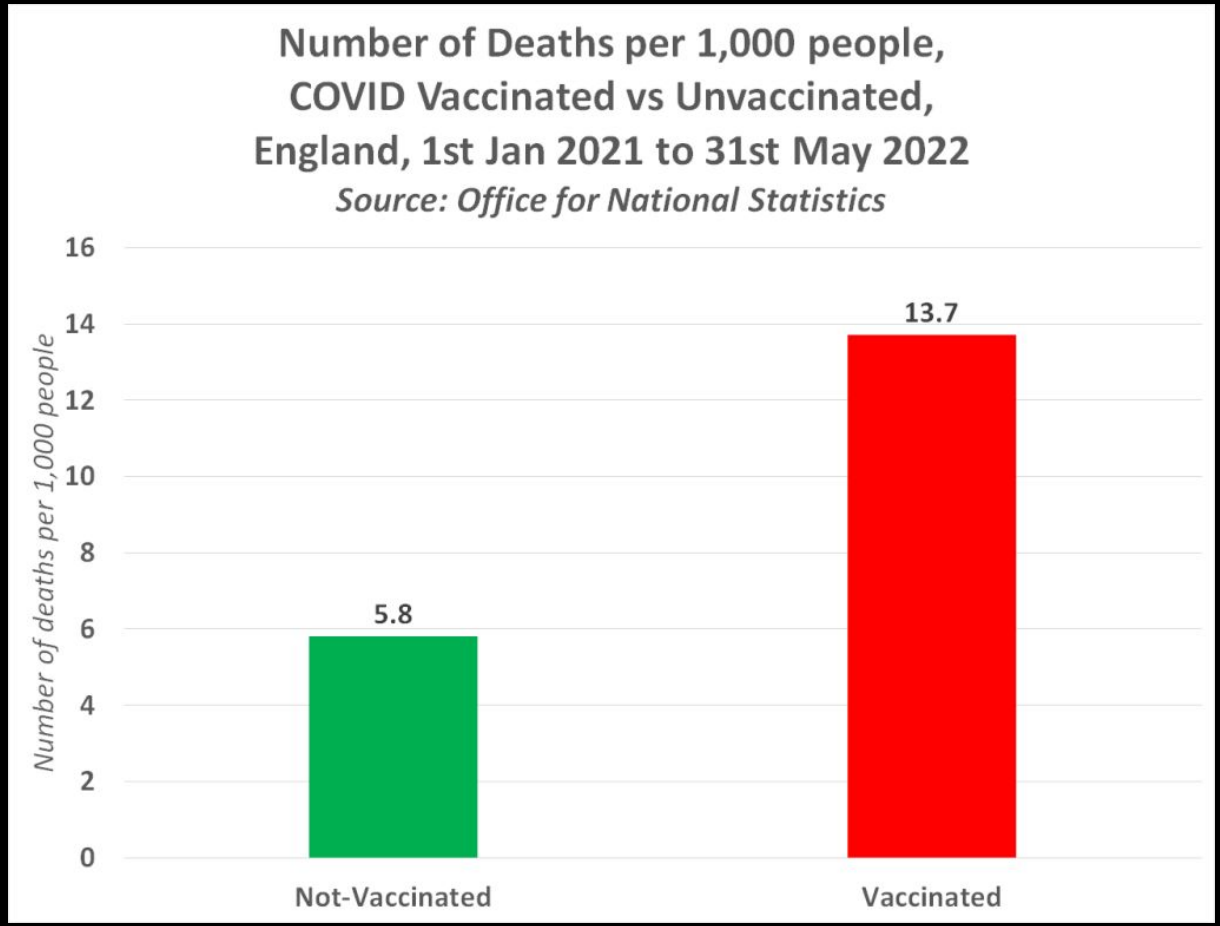
2.7% of vaccinated report that they are “now unable to hold a job.” That’s >**7M people disabled.**

Q7

TYPE: MULTIPLE SELECTION

Which of the following are true about your COVID vaccine injury? (check all that apply)

#	ANSWERS	RESPONDENTS(%)	ANSWERS(%)	COUNT	STRATIFIED RESPONDENTS(%)	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	It will likely shorten my lifespan	35.38%	22.12%	23	31.76%	19.88%	20.23
A2	I am now unable to hold a job	15.38%	9.62%	10	16.37%	10.25%	10.43
A3	I am now unable to work a full day	27.69%	17.31%	18	25.28%	15.82%	16.11
A4	It impacts my personal life	26.15%	16.35%	17	26.76%	16.75%	17.05
A5	It is a minor annoyance	35.38%	22.12%	23	40.13%	25.12%	25.56
A6	None of the above	20.00%	12.50%	13	19.47%	12.19%	12.4


Number of Deaths per 1,000 people,
COVID Vaccinated vs Unvaccinated,
England, 1st Jan 2021 to 31st May 2022
Source: Office for National Statistics
Number of deaths per 1,000 people
16
14
12
10
8
6
4
2
0
5.8
13.7
Not-Vaccinated
Vaccinated

Is there a benefit?

Expert report prepared for the Liberal Party of Canada (Trudeau's party) looked at Ontario data.

evaluated for relevance in this phase of SARS-CoV-2. The abundance of evidence documented by Public Health Ontario (PHO), Public Health Agency of Canada (PHAC) and top-tier scientific journals demonstrates that the vaccines do not prevent infection or hospitalization. The Ontario data show that vaccination currently makes little difference in terms of hospitalization and death rates for those below age 60. Additionally, since there are known risks of adverse events and unknown longterm effects, these must be considered in developing vaccine policies.

No benefits:

1. Infection
2. Hospitalization
3. Death

Is there a benefit?

The Classen paper analyzed the clinical trial data for all three US vaccines and confirmed the lack of any overall benefit. There was an increase in morbidity which was **highly statistically significant** in **all three vaccines**.

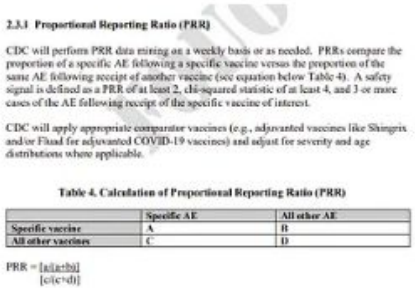
1. Morbidity ↑
2. All-cause mortality: No benefit (it was negative in the Pfizer study, but not statistically significant)

Methods used for estimating the numbers

1. Government databases (VAERS, worldwide stats, Social security death master file)
2. Polls
3. Insurance company data
4. Embalmer reports
5. Physician anecdotes that cannot be explained
6. Extreme personal anecdotes (Wayne Root, podiatrist)

All of these methods produce data consistent with the “very unsafe” hypothesis

The CDC's own safety signal triggered for "**death**" but they never noticed.



2.3.1 Proportional Reporting Ratio (PRR)

CDC will perform PRR data mining on a weekly basis or as needed. PRRs compare the proportion of a specific AE following a specific vaccine versus the proportion of the same AE following receipt of another vaccine (see equation below Table 4). A safety signal is defined as a PRR of at least 2, chi-squared statistic of at least 4, and 3 or more cases of the AE following receipt of the specific vaccine of interest.

CDC will apply appropriate comparator vaccines (e.g., adjuvanted vaccines like Shingrix and/or Fluad for adjuvanted COVID-19 vaccines) and adjust for severity and age distributions where applicable.

Table 4. Calculation of Proportional Reporting Ratio (PRR)

	Specific AE	All other AE
Specific vaccine	A	B
All other vaccines	C	D

PRR = [a/(a+b)] / [c/(c+d)]

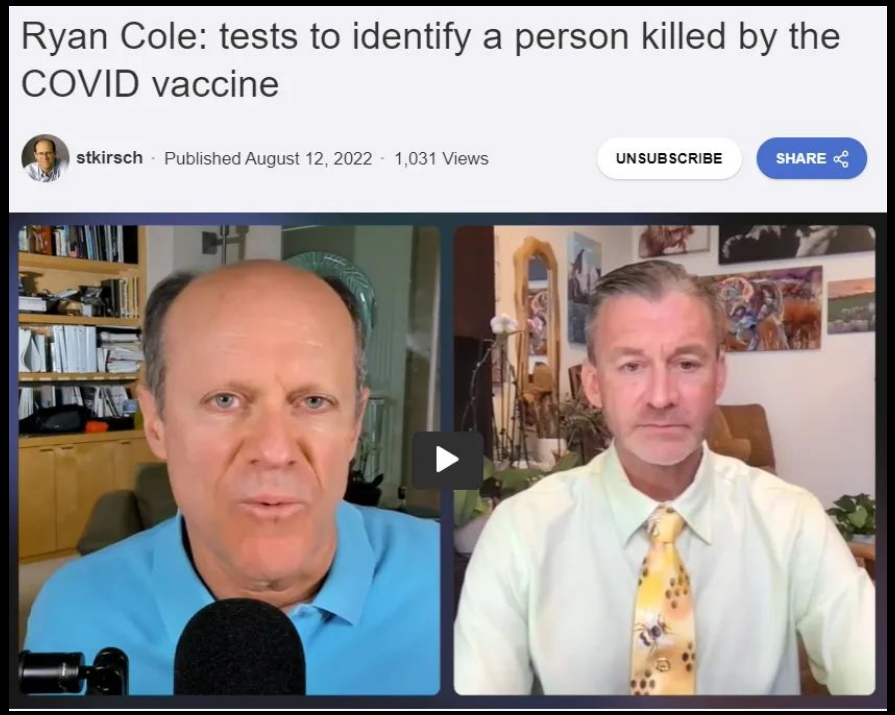
Exclusive: Proof that the CDC is deliberately ignoring the safety signals from the COVID vax

I told the CDC that the formula they use to trigger safety signals was seriously flawed in Aug 2021. They ignored me. But even using their own flawed...

STEVE KIRSCH OCT 3 682 388

Are people looking the other way?

1. ACIP chair doesn't want to see the Israeli safety data
2. Florida is the only state to look for safety signals
3. Only in Thailand do they look at blood before v. after
4. Maddie de Garay injury was never investigated
5. 4X cardiac deaths in the Pfizer Phase 3 trial vax group
6. Vaccine injury reports (10% have 30 or more symptoms), but NIH can't figure out if there is an association after >1 year of looking at the problem
7. Stanford pediatrician sees the harm but is told to stay silent because there is "**insufficient evidence** of causality" (precautionary principle is ignored).


Ryan Cole: tests to identify a person killed by the COVID vaccine
stkirsch · Published August 12, 2022 · 1,031 Views
UNSUBSCRIBE
SHARE

The CDC has **never** told medical examiners to run the specialized tests that are **required** to identify the vaccine as a possible cause.

Jackanapes Junction

New FOIA Release Shows CDC Lied About Its VAERS Safety Monitoring Efforts

They never found any safety signals, because they didn't look for them

Josh Guetzkow
8 hr ago

41 14

Why didn't anyone ask any questions about the gaming in the Phase 3 trial?!? This is very unlikely to happen by chance (p.< 0.00001).

Pfizer-BioNTech COVID-19 Vaccine
VRBPAC Briefing Document

Table 2. Efficacy Populations, Treatment Groups as Randomized

	BNT162b2 (30 µg) n[a] (%)	Placebo n[a] (%)	Total n[a] (%)
Randomized[b]	21823 (100.0)	21828 (100.0)	43651 (100.0)
Participants excluded from evaluable efficacy (14 days) population	1790 (8.2)	1585 (7.3)	3375 (7.7)
Reason for exclusion[c]			
Randomized but did not meet all eligibility criteria	36 (0.2)	26 (0.1)	62 (0.1)
Did not provide informed consent	1 (0.0)	0	1 (0.0)
Did not receive all vaccinations as randomized or did not receive Dose 2 within the predefined window (19-42 days after Dose 1)	1550 (7.1)	1561 (7.2)	3111 (7.1)
Had other important protocol deviations on or prior to 7 days after Dose 2	311 (1.4)	60 (0.3)	371 (0.8)
Had other important protocol deviations on or prior to 14 days after Dose 2	311 (1.4)	61 (0.3)	372 (0.9)

[a]n = Number of participants with the specified characteristic.
[b]These values are the denominators for the percentage calculations.
[c]Participants may have been excluded for more than 1 reason.
Note: 100 participants 12 through 15 years of age with limited follow-up are included in the randomized population (49 in the vaccine

OpenVAERS

HOME COVID VACCINE DATA SEARCH ALL REPORTS FAQ

VAERS is the Vaccine Adverse Event Reporting System put in place in 1990. It is a voluntary reporting system that has been estimated to account for only **1% (read more about underreporting in VAERS)** of vaccine injuries. **OpenVAERS** is built from the HHS data available for download at **vaers.hhs.gov**.

The OpenVAERS Project allows browsing and searching of the reports without the need to compose an advanced search (more advanced searches can be done at **medalerts.org** or **vaers.hhs.gov**).

2,320,851

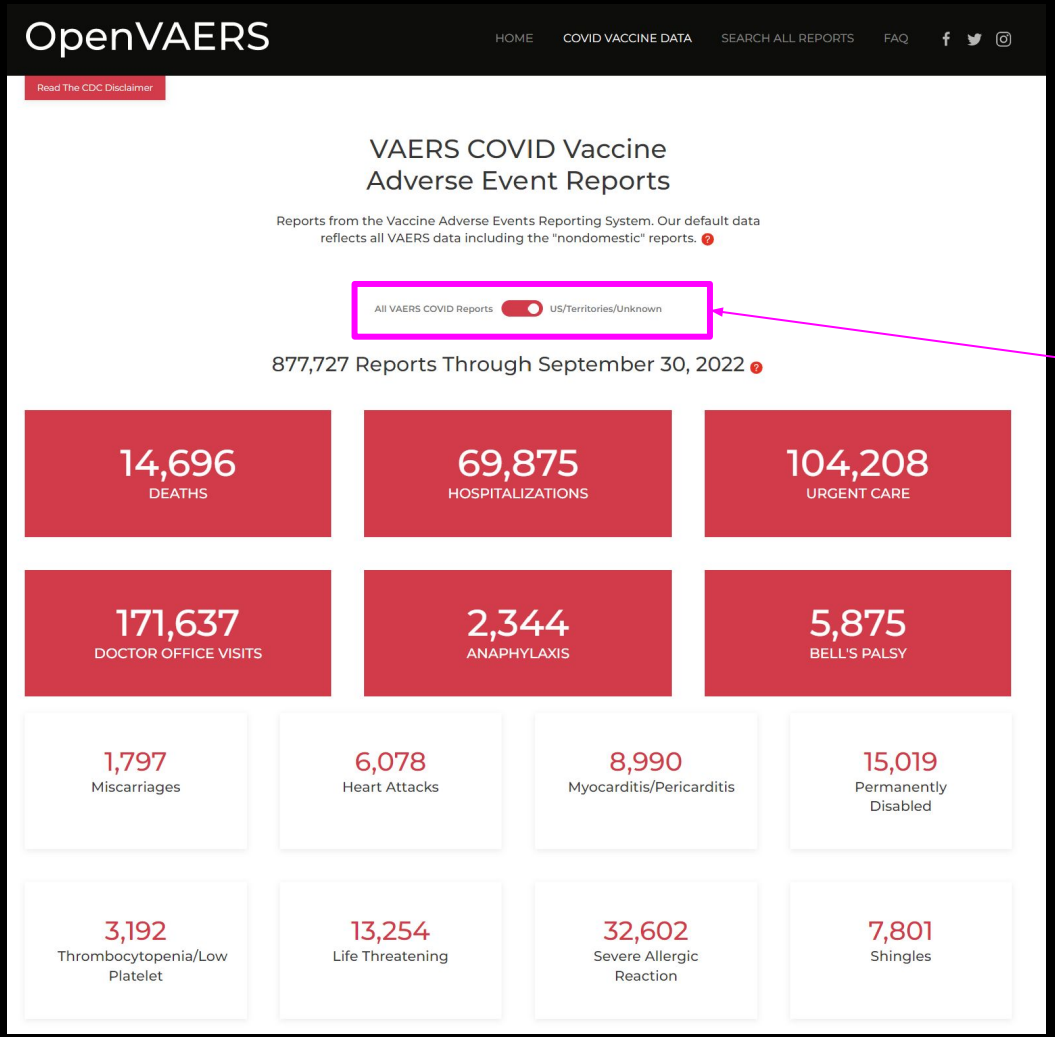
– **REPORTS OF VACCINE ADVERSE EVENTS IN VAERS**

– **31,330 COVID Vaccine Reported Deaths / 40,968 Total Reported Deaths**

– **179,806 Total COVID Vaccine Reported Hospitalizations/263,476 Total Reported Hospitalizations**

– **1,432,467 COVID Vaccine Adverse Event Reports**

– **Through September 30, 2022**

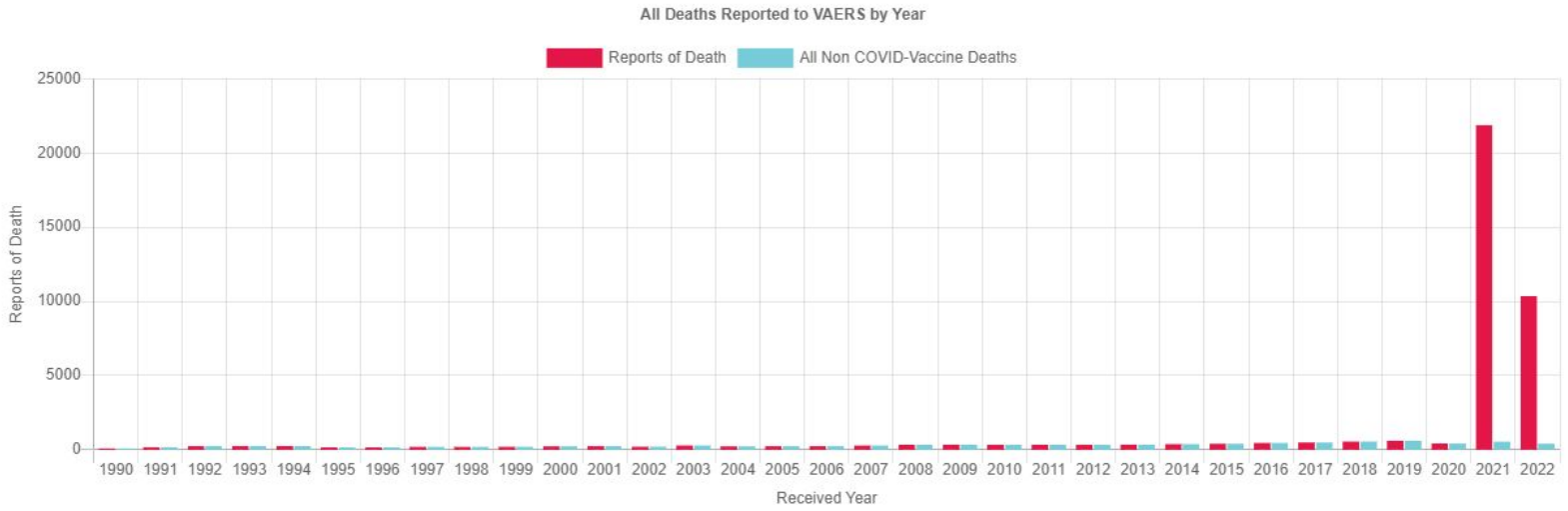


US data switch

How can this happen?

VAERS COVID Vaccine Mortality Reports

Through September 30, 2022



1. **Massive fraud/gaming**
2. **Massive overreporting** all of a sudden for just the COVID vaccines worldwide in every adverse event tracking system
3. **The deadliest vaccine in history**

Hint: There is **only** evidence for #3 (and it's overwhelming)

VAERS UnderReporting Factor (URF)

$$\frac{\#\ \textit{anaphylaxis}\ \text{cases}}{\#\ \text{shots in study}} = \frac{\text{URF}*\#\ \textit{anaphylaxis}\ \text{reports}}{\#\ \text{shots given}}$$

Clinical study (reference) = VAERS

Example using anaphylaxis as the reference since it should always be reported and is obvious so gives the lowest possible estimate (most conservative). For other conditions, the URF will be higher.

URF estimates range from 30 to 50

Using anaphylaxis —> 41

This is a minimum; the rate for all other events such as death is higher

1. Anaphylaxis is the best case (serious, required, obvious, temporal)
2. We know the COVID vaccines kill people up to 1 year later and those deaths are unlikely to be reported to VAERS since autopsies using proper staining are almost never done to associate the death to the vax. Most of COVID vaccine deaths looks like “bad luck.”
3. Because doctors are told the vaccines are safe, they are less likely to report a death to VAERS vs. if they are told the opposite.

The CDC refuses to calculate a URF estimate

When reporting to ACIP, the CDC has never mentioned adjusting the VAERS data with the URF.

My calculation was meticulously done here: Estimating the number of COVID vaccine deaths in America. It uses the methodology described in this paper by 5 CDC authors.

Gardasil: Ignoring the URF and safety signals

From *Turtles* (the Slade **2009** report in Chapter 3, p. 100)...

2006: FDA approved. Serious issues began surfacing linked temporally.

2009: The CDC starts investigation! It concluded the safety profile was generally consistent with other vaccines even though the authors acknowledged that the VAERS reporting rate for Gardasil was "triple that of all other vaccines *combined*." They attributed the higher reporting rate to greater public attention (*without evidence*). Does this sound familiar?

2011: 120 countries approved Gardasil.

Today, >10 years later, nobody is the wiser.

VAERS: Estimating the number dead

1. Over 13,972 deaths in US reported
2. Subtract 1,000 for “background deaths”
3. 12,972 “excess” deaths
4. Assume 10% were COVID deaths
5. 11,674 * 41 = **478K unexplained excess deaths**
6. This is conservative. 41 is URF for anaphylaxis per JAMA paper. Anaphylaxis is “best case reporting.”
7. Methodology described here; based on CDC paper.
8. Other URF values: 31 (Rose), 50 (Siri), …

Attacks vs. Explanations

1. “Dumpster diving”
   VAERS is used whenever it supports the narrative
2. You don’t know how to interpret it
   Gaslighting doesn’t work. They are camera shy.
3. It’s just over-reporting
   Propensity to report is same. Docs seeing more events.
4. Correlation isn’t causation
   Really? Then what killed these people?

It’s not “over reporting.” It’s “more events.”

Small practice

750 patients
Reports in 29 years: 0
Reports this year: 25

Large neuro practice

20,000 patients
Reports in 11 years: 0
Reports this year: 1,000

Is this what they mean by a “slightly elevated” risk of myocarditis?

44X higher in the week following injection.

Serious Heart Inflammation 44 Times Higher After Covid Vaccination, Nature Study Finds

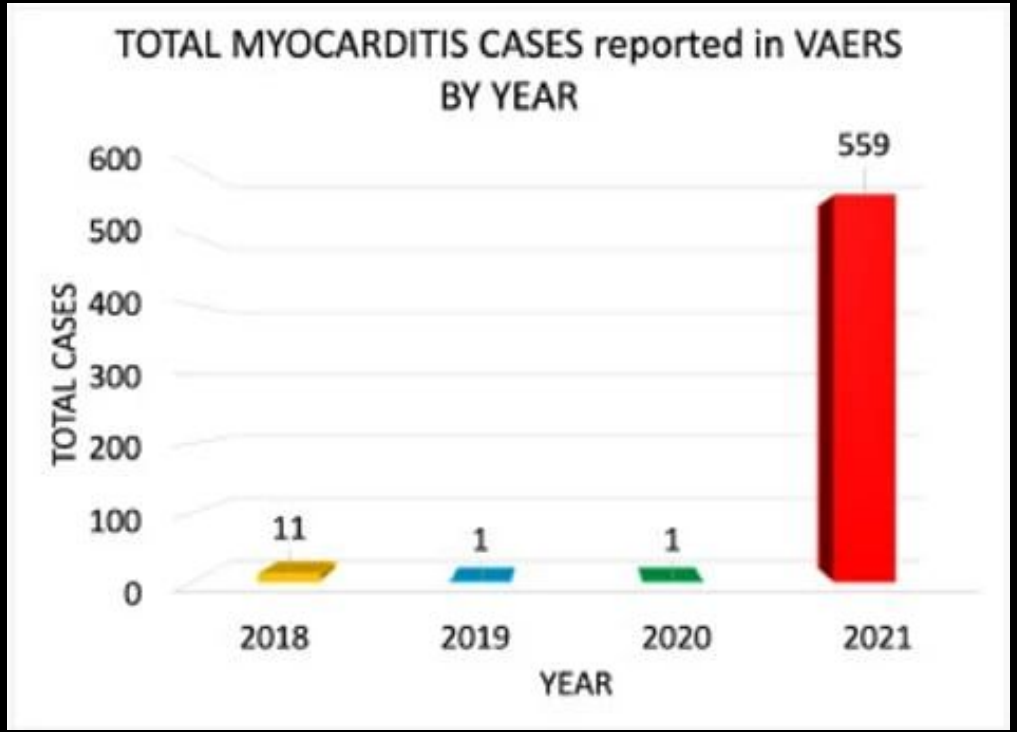
BY WILL JONES 27 JUNE 2022 7:00 AM SHARE

The risk of being hospitalised with heart inflammation is up to 44 times higher following Covid vaccination, a study in *Nature* has found.

When the findings are broken down by age, elevated risks are found in younger adults. In the week following a Moderna second dose, the risk for males aged 18-24 was 44 times higher (CI, 22–88) and for females was 41 times higher (CI, 12–140). The risk following a Pfizer second dose decreased with age, peaking at 18 times higher in males aged 12-17 (CI, 9–35), whereas the risk from the higher-dose Moderna vaccine did not decrease with age. The results by age are depicted in the chart below (note the logarithmic scale, which compresses the higher numbers).

Is this what they mean by a “slightly elevated” risk of myocarditis?

The medical community didn’t say a word when the publisher unilaterally WITHDREW the paper with NO REASON.



From the Rose paper that was published in Current Problems in Cardiology which publisher unethically censored.
Do see now why it was censored? You can read the full paper here.

1 in 317 boys (16-17) will get myocarditis from the vaccine

(in order to save ~1 in a million kids from dying from COVID)

Reporting rates of myopericarditis (per million doses administered), by manufacturer, sex, and dose number, 7-day risk period* (as of Aug 18, 2021)

	Pfizer		Moderna		Janssen	Pfizer		Moderna		Janssen	Pfizer		Moderna		Janssen
	(All)		(All)		(All)	(Males)		(Males)		(Males)	(Females)		(Females)		(Females)
Ages† (yrs)	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1
12–15	2.6	20.9	0.0	not calc.	0.0	4.8	42.6	0.0	not calc.	0.0	0.5	4.3	0.0	0.0	0.0
16–17	2.5	34.0	0.0	14.6	0.0	5.2	71.5	0.0	31.2	0.0	0.0	8.1	0.0	0.0	0.0
18–24	1.1	18.5	2.7	20.2	2.7	2.4	37.1	5.1	37.7	3.0	0.0	2.6	0.7	5.3	1.6
25–29	1.0	7.2	1.7	10.3	1.9	1.8	11.1	3.2	14.9	2.0	0.3	1.3	0.4	6.3	0.0
30–39	0.8	3.4	1.0	4.2	0.4	1.1	6.8	1.6	8.0	0.0	0.6	1.0	0.4	0.7	1.0
40–49	0.4	2.8	0.5	3.2	1.2	0.7	4.4	0.6	4.6	2.2	0.1	1.8	0.4	2.1	0.0
50–64	0.2	0.5	0.6	0.8	0.2	0.2	0.5	0.4	1.0	0.0	0.3	0.8	0.8	0.7	0.5
65+	0.2	0.3	0.2	0.3	1.0	0.2	0.4	0.4	0.4	1.0	0.2	0.4	0.1	0.2	0.9

* Reports with time to symptom onset within 7 days of vaccination
† Reports among persons 12–29 years of age were verified by provider interview of medical record review

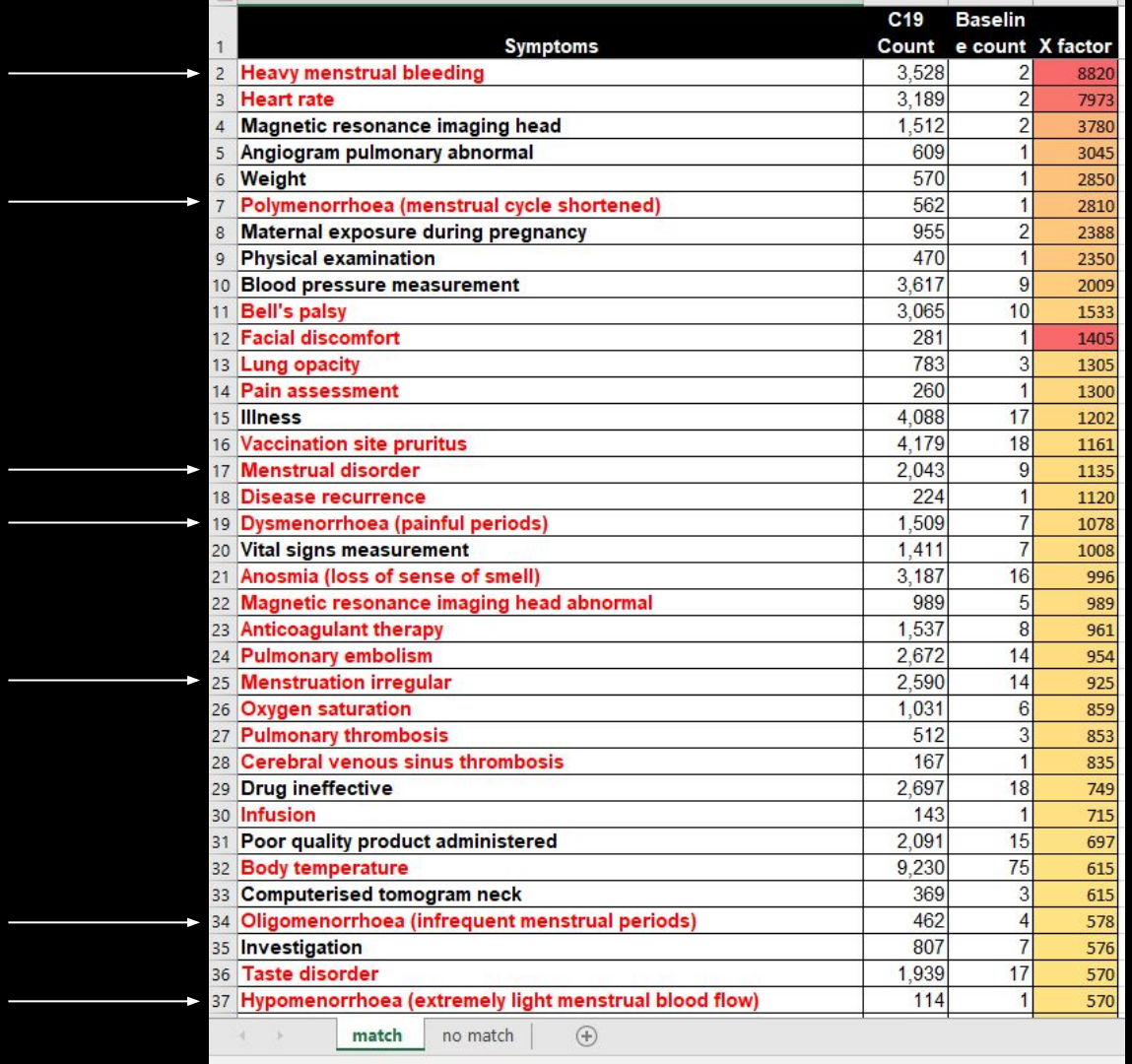
13

Note:
Two dose calc: 1000000/((5.2+71.5)*41)=317 (note 41 is the URF even though the FDA and CDC refuse to calculate the value). See calculation here.

Reference: John Su, Safety update for COVID-19 vaccines: VAERS

Menstrual issues are highly elevated by up to 8,800X.

How did they miss this?



	Symptoms	C19 Count	Baseline count	X factor
2	Heavy menstrual bleeding	3,528	2	8820
3	Heart rate	3,189	2	7973
4	Magnetic resonance imaging head	1,512	2	3780
5	Angiogram pulmonary abnormal	609	1	3045
6	Weight	570	1	2850
7	Polymenorrhoea (menstrual cycle shortened)	562	1	2810
8	Maternal exposure during pregnancy	955	2	2388
9	Physical examination	470	1	2350
10	Blood pressure measurement	3,617	9	2009
11	Bell's palsy	3,065	10	1533
12	Facial discomfort	281	1	1405
13	Lung opacity	783	3	1305
14	Pain assessment	260	1	1300
15	Illness	4,088	17	1202
16	Vaccination site pruritus	4,179	18	1161
17	Menstrual disorder	2,043	9	1135
18	Disease recurrence	224	1	1120
19	Dysmenorrhoea (painful periods)	1,509	7	1078
20	Vital signs measurement	1,411	7	1008
21	Anosmia (loss of sense of smell)	3,187	16	996
22	Magnetic resonance imaging head abnormal	989	5	989
23	Anticoagulant therapy	1,537	8	961
24	Pulmonary embolism	2,672	14	954
25	Menstruation irregular	2,590	14	925
26	Oxygen saturation	1,031	6	859
27	Pulmonary thrombosis	512	3	853
28	Cerebral venous sinus thrombosis	167	1	835
29	Drug ineffective	2,697	18	749
30	Infusion	143	1	715
31	Poor quality product administered	2,091	15	697
32	Body temperature	9,230	75	615
33	Computerised tomogram neck	369	3	615
34	Oligomenorrhoea (infrequent menstrual periods)	462	4	578
35	Investigation	807	7	576
36	Taste disorder	1,939	17	570
37	Hypomenorrhoea (extremely light menstrual blood flow)	114	1	570

match | no match

Acute **cardiac failure** elevated by 475X

	Symptoms	C19 Count	Baseline count	X factor
2	Heart rate	3,189	2	7973
3	Cardiac failure acute	95	1	475
4	N-terminal prohormone brain natriuretic peptide (indicates heart failure)	88	1	440
5	Body temperature abnormal	172	2	430
6	Acute myocardial infarction (the fancy name for heart attack)	659	8	412
7	Cardiac ablation (procedure to scar your heart to restore normal heart function)	75	1	375
8	Left ventricular hypertrophy	70	1	350
9	Arteriogram carotid abnormal	69	1	345
10	Stress echocardiogram	69	1	345
11	Internal haemorrhage	68	1	340
12	Coronary artery occlusion	132	2	330
13	Carditis (inflamation of the heart)	65	1	325
14	Peripheral artery thrombosis	62	1	310
15	Pulseless electrical activity (PEAs are a sign you're going to die)	123	2	308
16	N-terminal prohormone brain natriuretic peptide increased (heart damage)	118	2	295
17	Arteriogram coronary abnormal	59	1	295
18	Ventricular hypokinesia	93	2	233
19	Acute left ventricular failure	46	1	230
20	Myocardial ischaemia	46	1	230
21	Magnetic resonance imaging thoracic abnormal	45	1	225
22	Tri-iodothyronine	45	1	225
23	Arterial occlusive disease	44	1	220
24	Angiogram abnormal	173	4	216
25	Percutaneous coronary intervention	42	1	210
26	Troponin increased	1,845	45	205
27	Catheterisation cardiac	482	12	201
28	Electrocardiogram ST segment abnormal	80	2	200
29	Coronary artery dissection	40	1	200
30	Epinephrine	40	1	200
31	Cerebral venous thrombosis	39	1	195

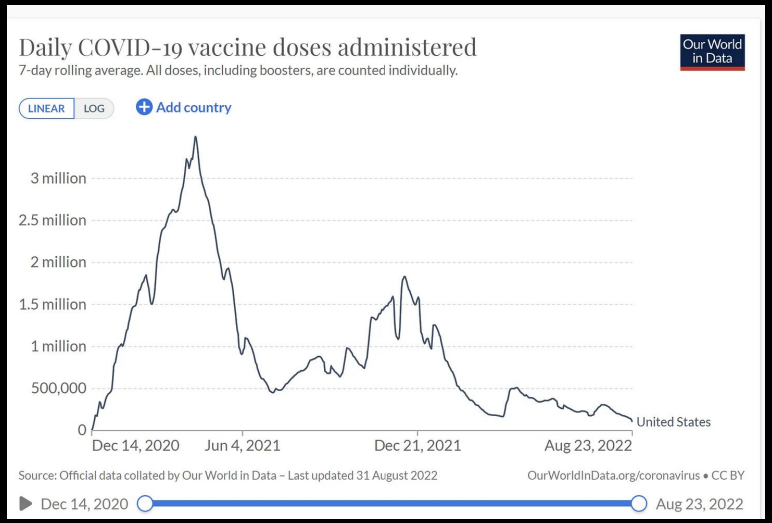
What does the VAERS data show?

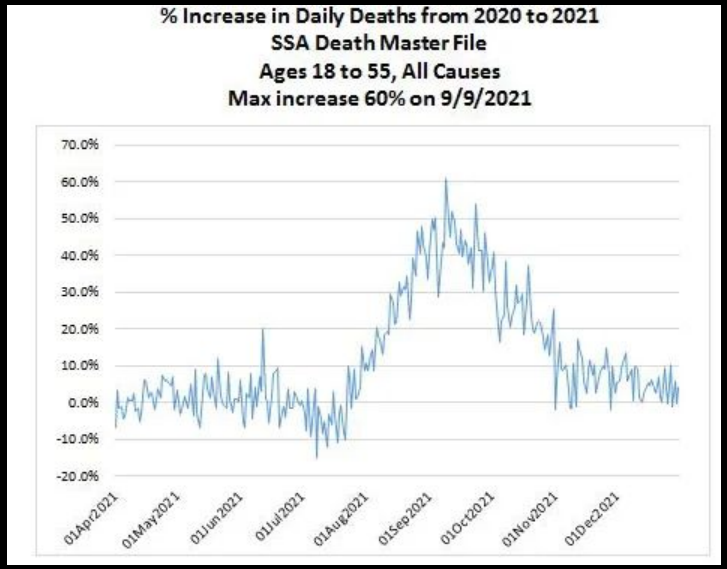
Are there more adverse events reported this year than all events ever combined (70+ vaccines, >30 years)?	Yes
Can you determine causality via Bradford-Hill?	Yes. Dose and temporal signals.
What is the underreporting factor (URF)?	41 calculated per CDC methodology
Any chance that this is just “over reporting?”	No. Physician surveys show unprecedented # of events. Fingerprint is different.
How many Americans have died from these vaccines?	> 250K
How many Americans have been permanently disabled from these vaccines?	2M
How many kids 5-11 will we sacrifice for every kid saved?	117

What does the VAERS data show?

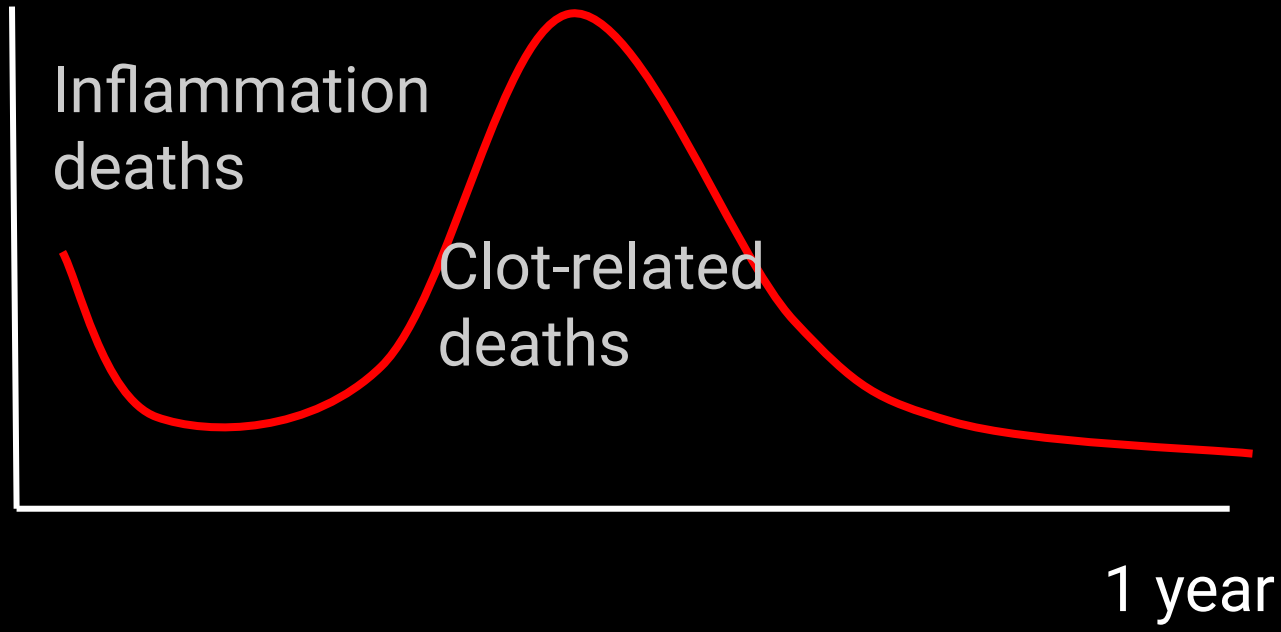
Is the only serious side effect myocarditis?	No. There are hundreds that are elevated.
What are the four biggest categories?	Reproductive (esp female), immunological, cardiovascular, neurological.
Top causes of death?	Cardiac arrest, PE, intracranial hemorrhage.'
Are the vaccines suitable some ages such as old w/comorbidities?	No. Kill > Saved.
Were any of the deaths in VAERS for kids 12-17 ever explained?	No
Is this the most dangerous vaccine ever invented?	Yes. >800X more deadly than smallpox.

5 month delay in death peak after vaccination
(same delay as observed by embalmers and insurance companies)

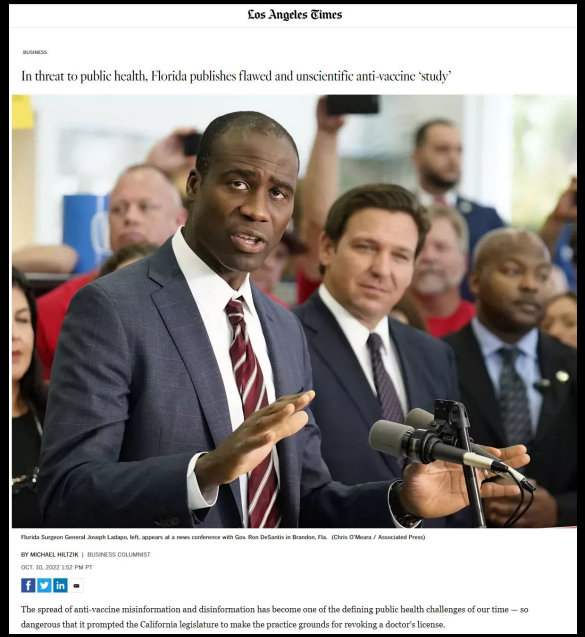




My estimated mortality profile from the COVID vaccine that is **consistent with the observations** of embalmers, insurance companies, doctors, Florida, …



The study in Florida underestimated the increase in death because it was a SCCS with a 28 day cutoff.



Los Angeles Times

BUSINESS

In threat to public health, Florida publishes flawed and unscientific anti-vaccine 'study'

Florida Surgeon General Joseph Ladapo, left, appears at a news conference with Gov. Ron DeSantis in Brandon, Fla. (Chris O'Meara / Associated Press)

BY MICHAEL HILTZIK | BUSINESS COLUMNIST

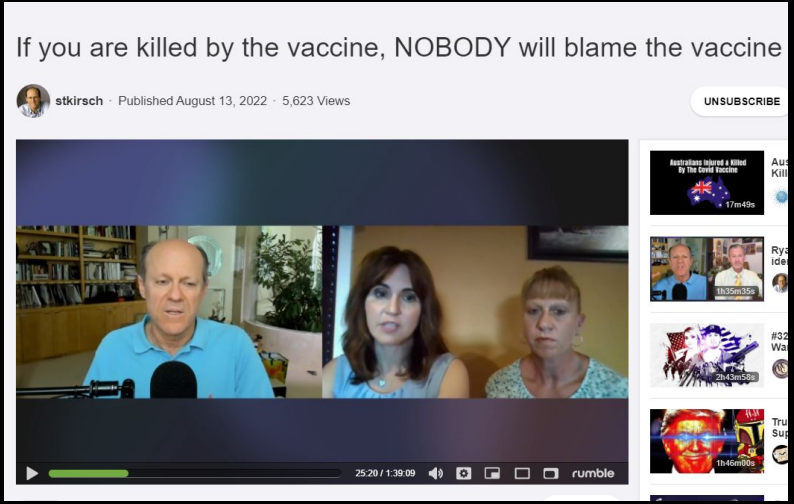
OCT. 30, 2022 1:52 PM PT

The spread of anti-vaccine misinformation and disinformation has become one of the defining public health challenges of our time -- so dangerous that it prompted the California legislature to make the practice grounds for revoking a doctor's license.

Table 2: Relative incidence of cardiac-related deaths following COVID-19 vaccination for males by age group and vaccination type†

	Cardiac-related deaths		
Subgroup, exposure	**No. events**	**Follow-up, 1000 person days**	**RI (95% CI)**
≥ 18, male			
Baseline period	8901	1586.72	Ref
Risk period	1893	302.23	1.09 (1.03 - 1.15)
≥ 18, male, mRNA			
Baseline period	8223	1474.12	Ref
Risk period	1805	280.78	1.11 (1.05 - 1.18)
≥ 18, male, not mRNA\unknown			
Baseline period	678	112.60	Ref
Risk period	88	21.45	0.75 (0.58 - 0.98)
18-39, male			
Baseline period	55	11.32	Ref
Risk period	22	2.16	1.97 (1.16 - 3.35)
18-39, male, mRNA			
Baseline period	52	10.58	Ref
Risk period	20	2.02	1.84 (1.05 - 3.21)

“Pandemic of the unvaccinated?”


If you are killed by the vaccine, NOBODY will blame the vaccine
stkirsch · Published August 13, 2022 · 5,623 Views
UNSUBSCRIBE
25:20 / 1:39:09
rumble

Why were ICUs filled with the vaccinated?

You are considered unvaxxed until 2 weeks after your second shot.

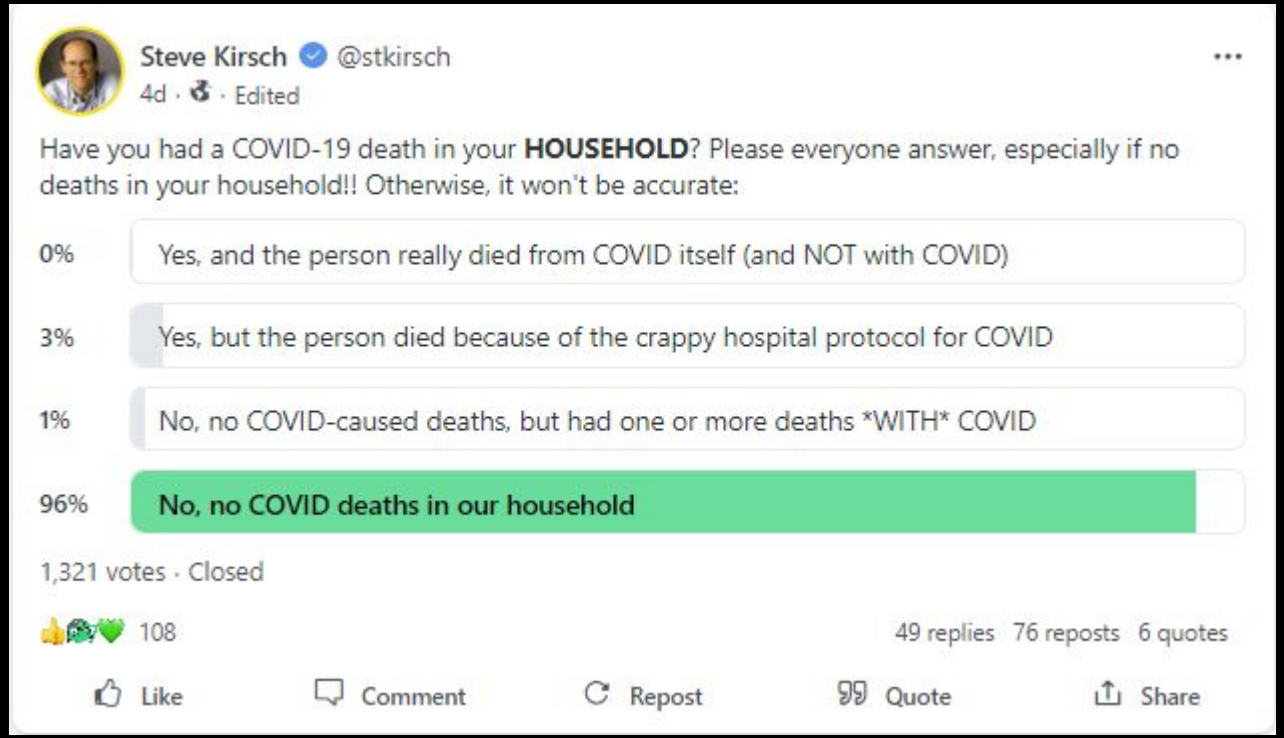
If you don’t have a vaccine card, you can be considered unvaccinated.

If the vaccine kills you 5 months later, few will figure it out. Even if you died the next day, many doctors won’t make the association.

New Mexico death report study found only 1/6 COVID deaths were consistent with COVID symptoms.

1M deaths → 166K

Most COVID deaths are **believed to be** caused by hospital protocols


Steve Kirsch @stkirsch
4d · Edited
Have you had a COVID-19 death in your HOUSEHOLD? Please everyone answer, especially if no deaths in your household!! Otherwise, it won't be accurate:
0% Yes, and the person really died from COVID itself (and NOT with COVID)
3% Yes, but the person died because of the crappy hospital protocol for COVID
1% No, no COVID-caused deaths, but had one or more deaths *WITH* COVID
96% No, no COVID deaths in our household
1,321 votes · Closed
108
49 replies 76 reposts 6 quotes
Like Comment Repost Quote Share

Wayne Allyn Root's wedding

8 months post-wedding

	Unvax	Vax
N	100	100
Serious injuries	0	26
Deaths	0	7

Survey of my followers

631 responses

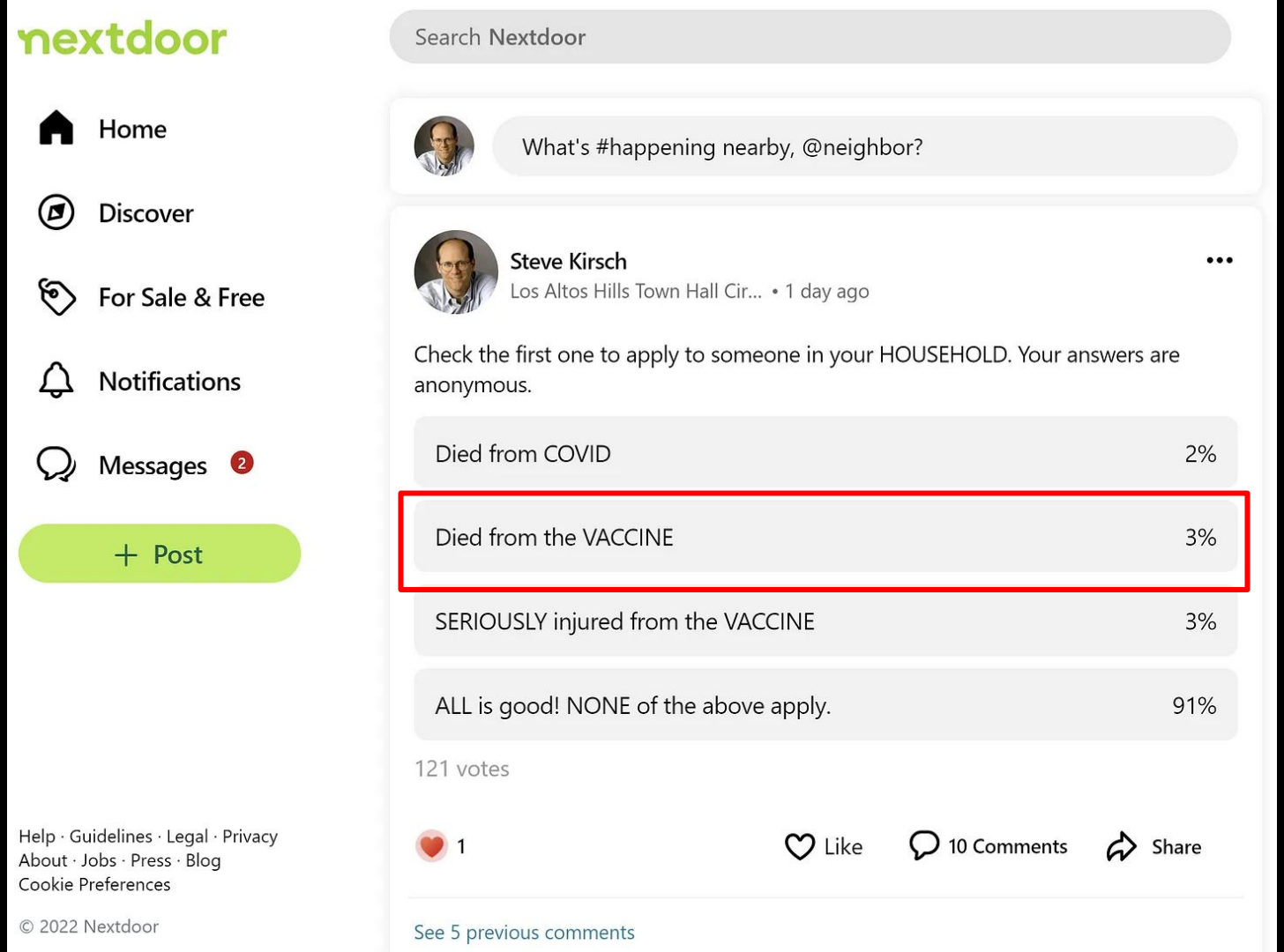
	Unvax	Vax
N	1000	1000
Serious injuries	8	211
Deaths	2	47

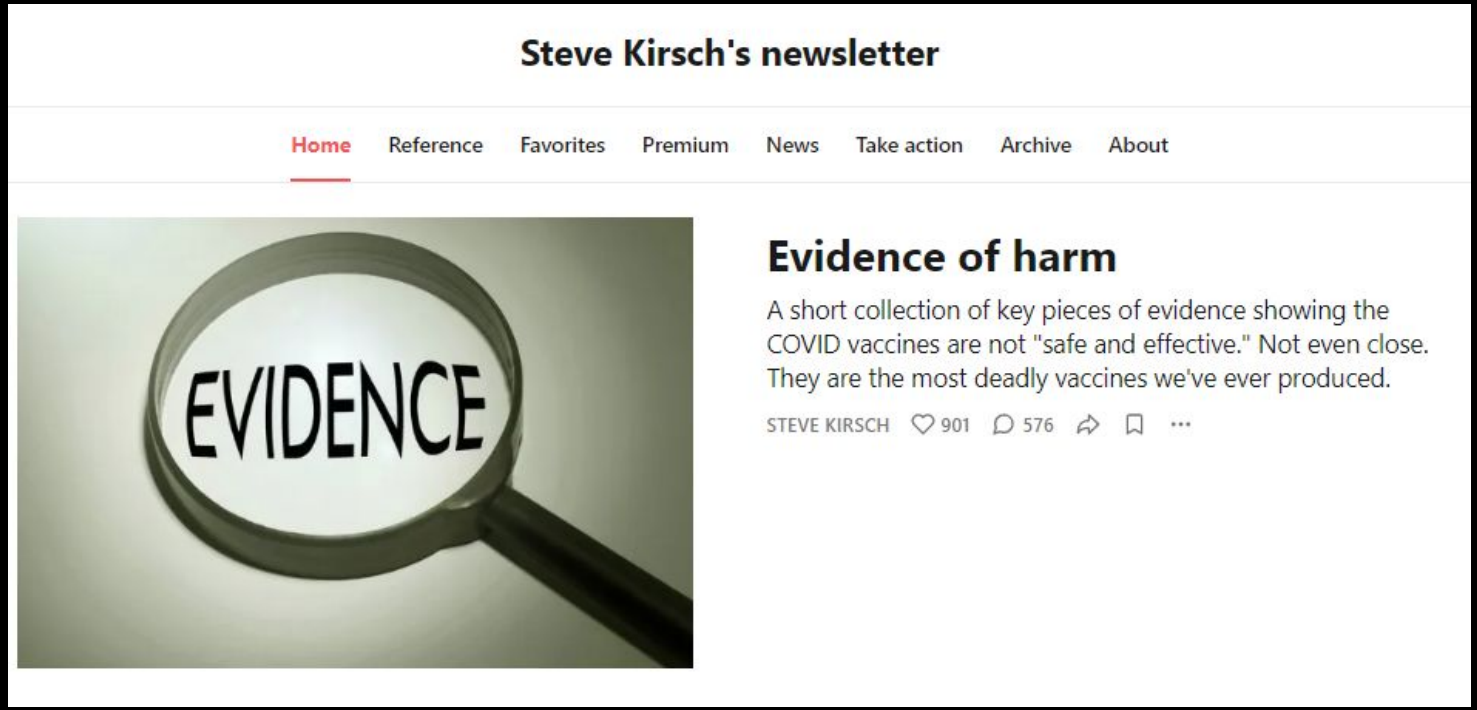
See my survey for details. The excess death rate is 4.7-.2=**4.5%** due to the vaccine. Here is the poll that was used. Poll asked for # of events since Jan 2021.

Excess injury/death rates of vaxxed vs. unvaxxed

	Wayne Root	My followers	Pollfish
N (total)	200	8,000	500
Excess injuries	26%	20%	9%
Excess deaths	8%	4.5%	2.8%

Pollfish numbers are low since the 75% of the respondents are vaccinated who are unlikely to think any deaths are vax related.


nextdoor
Search Nextdoor
Home
Discover
For Sale & Free
Notifications
Messages 2
+ Post
What's #happening nearby, @neighbor?
Steve Kirsch
Los Altos Hills Town Hall Cir... • 1 day ago
Check the first one to apply to someone in your HOUSEHOLD. Your answers are anonymous.
Died from COVID 2%
Died from the VACCINE 3%
SERIOUSLY injured from the VACCINE 3%
ALL is good! NONE of the above apply. 91%
121 votes
1
Like
10 Comments
Share
See 5 previous comments
Help · Guidelines · Legal · Privacy
About · Jobs · Press · Blog
Cookie Preferences
© 2022 Nextdoor

Over 1,250 articles in scientific journals showing harm

For more info